

FELINE

Animal HOPE Alliance

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone _____

Cell Phone: _____ Email Address: _____

Name of pet(s) you are interested in: _____.

How did you hear about A.H.A. and/or this pet? _____

ABOUT YOUR HOUSEHOLD

What other pets do you have in your home? _____

Are all the pets present in your household up to date on their vaccinations? YES NO

Are all current cats FIV and Feline Leukemia negative? YES NO DON'T KNOW

Do you plan on declawing the cat you wish to adopt from A.H.A.? YES NO

If yes, why? _____

Are ALL household members in complete agreement to adopting and caring for a cat? YES NO

Do any of your family members have pet allergies? YES NO

ABOUT YOUR HOME

Do you own or rent? OWN RENT

If you rent, do you have permission of your landlord to keep a cat? YES NO

Your landlord's name and phone number: _____

May we have permission to contact your landlord? YES NO

Will your cat be: Indoor Only Indoor/Outdoor Outdoor Only

YOUR EXPERIENCE WITH PETS

If your previous pet(s) died, give age and cause of death: _____

Have you ever had to relinquish a pet? YES NO If yes, what were the circumstances? _____

Veterinarian's name and phone number: _____

CARING FOR YOUR CAT

Who will be the primary caretaker of the cat? _____

Are you willing to take your cat to a veterinarian for an annual physical and vaccinations? YES NO

Are you willing to provide regular flea/tick control? YES NO

GENERAL AGREEMENT

I am at least 21 years of age. All of the information I have given is true and complete. I understand that A.H.A. has the right to refuse my application.

Applicant's Signature

Date